

## Appendix 6

### Birth to 3 Service Coordination and Wisconsin Medicaid Case Management

Wisconsin Medicaid covers activities of the service coordinator and other personnel who provide case management services when the Birth to 3 program is certified as a Medicaid case management provider (or is part of a county department which is a Medicaid-certified program).

Providers must comply with Medicaid requirements (HFS 101-108, Wis. Admin. Code, this handbook, the Wisconsin Medicaid All-Provider Handbook) and Birth to 3 early intervention services rules (HFS 90, Wis. Admin. Code) when billing for case management services provided under the Birth to 3 Program. These documents describe the covered services and requirements needed to bill for these services.

The following highlights Medicaid case management policies about recipient eligibility, provider qualifications, and covered services. This information is only advisory. Refer to this handbook for complete coverage of Medicaid case management policy.

#### Examples of Billable Medicaid Case Management Activities and Related Limitations

1. Wisconsin Medicaid limits billable Medicaid case management services to Medicaid-eligible recipients who meet one of the target group definitions listed in the Target Populations chapter of this section. All children enrolled in the Birth to 3 Program are eligible for case management.
2. Providers may submit claims to Wisconsin Medicaid for the following case management activities when performed by the service coordinator. Also, the provider must meet the qualifications under HFS 105.51(2)(b) and HFS 90.11(1)(c), Wis. Admin. Code:
  - The activities of the service coordinator when arranging for an eligible child's evaluation and assessment (HFS 90, Wis. Admin. Code).
  - Developing, writing, monitoring, and evaluating the written Individualized Family Service Plan (IFSP).
  - Providing service coordination activities.
3. The time of providers qualified to provide early intervention services, as defined by HFS 90, Wis. Admin. Code, who participate in assessments, IFSP development, or annual review of the IFSP is billable if the certified case management provider pays for the provider's time involved and it is not billable as another Medicaid service.
4. When compiling an eligible child's medical history, the case manager should request any dental history information and note this as a part of the review of the child's medical and health records.
5. The case plan must list goals, outcomes, and specific services that are directly related to the recipient's unmet needs or gaps in services identified in the assessment. The Birth to 3 Program meets all the requirements for case plan development if the program follows the procedures in HFS 90 and HFS 101-108, Wis. Admin. Code, and Wisconsin Medicaid provider handbooks, and records the required information in the IFSP and/or the child's early intervention record.
6. A complete assessment and case plan must predate any billed ongoing monitoring and service coordination, except in urgent situations. In urgent situations, complete the assessment and case plan within 30 days of initiating service coordination.

7. Providers may submit claims for record keeping time if it is noted in the early intervention record and there was contact with the family (collateral) or child (recipient) during the billable month.
8. Providers may submit claims for the service coordination time spent assisting the family locate and access services identified in the IFSP as ongoing service coordination if:
  - The other services relate to supporting the child's needs.
  - The other services relate to supporting the recipient's family needs to enable the recipient to gain access to necessary services identified in the IFSP (e.g., coordination with medical services, locating a specialized day care or respite services).